

## HEALTH POLICY AND PERFORMANCE BOARD

*At a meeting of the Health Policy and Performance Board held on Tuesday, 18 September 2018 at Council Chamber - Town Hall, Runcorn*

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), M. Bradshaw, Dennett, Gerrard, Horabin, C. Loftus, June Roberts, Sinnott and D. Wilson

Apologies for Absence: None

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, S. Shepherd, A. Jones, L Wilson and M. Lynch

Also in attendance: Dr Andrew Davies & L. Thompson – NHS Halton CCG and C. Scales & L. Carter – Bridgewater community Healthcare NHS Foundation Trust

### ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA12 MINUTES	
The Minutes of the meeting held on 19 June 2018 having been circulated were signed as a correct record.	
HEA13 PUBLIC QUESTION TIME	
It was confirmed that no public questions had been received.	
HEA14 HEALTH AND WELLBEING MINUTES	
The minutes of the Health and Wellbeing Board from its meeting on 28 March 2018 were presented to the Board for information.	
RESOLVED: That the minutes be noted.	
HEA15 STRENGTHS BASED APPROACHES	
The Board received an introduction to 'strengths based approaches' which was referred to at a presentation that was given at the last PPB meeting, ' <i>Everyone Early Help Strategy 2018-2021</i> '. Members requested additional information on this approach so a report and presentation	

had been prepared to explain this.

It was reported that the Care Act 2014, statutory guidance for Adult Social Care, required local authorities to '*consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help*', in considering '*what else other than the provision of care and support might assist the person in meeting the outcomes they wanted to achieve.*' It was said that in order to do this the assessor should lead to an approach that looked at a person's life holistically, considering their needs in the context of their skills, ambitions and priorities.

Local authorities should therefore identify the individual's strengths – personal, community and social networks – and maximise those strengths to enable them to achieve their desired outcomes, thereby meeting their needs and improving or maintaining their wellbeing.

The presentation further outlined the strengths based approach to care which was received well by Members. The consensus of the Board was that the concept was good and people would be seen for who they were and what they were about, as opposed to just being service users. It was also noted that if the approach led to strengthening communities and prevention of ill health then this would form an important element of the Early Help Strategy.

RESOLVED: That the presentation be received.

*Councillor Gerrard declared a Disclosable Other Interest in agenda items 5 (a), 5 (b) and 5 (e) as she was employed as a Social Worker for Cheshire West and Chester Council.*

#### HEA16 NAMED SOCIAL WORKER PILOT

The Board received a report from the Strategic Director – People, which advised them that Halton was awarded £92,827 from the Department of Health (DoH), as one of six sites taking part in Phase 2 of the Named Social Worker Pilot (NSWP), which had been delivered within the Transition Team, between September 2017 and April 2018.

Members were advised that the Named Social Worker Pilot had been initiated by the DoH in response to the 2015 consultation 'No voice unheard, no right ignored', which sought views on strengthening the rights of people with learning disabilities, autism and mental health conditions to enable them to live more independently. It was

noted that the DoH funded the Innovation Unit (a social enterprise) and the Social Care Institute for Excellence (SCIE) to support local areas, co-ordinate the pilot and evaluate the scheme.

Officers advised that the project had built up an understanding on how having a named social worker could contribute to individuals with learning disabilities achieving better outcomes; specifically that they and their family were in control of decisions about their own future; and were supported to live with dignity and independence. The Pilot had been about trying something different, piloting new ideas and generating early and indicative evidence as to their impact.

Phases one and two of the Pilot were discussed in detail and the adoption of the Halton model. It also explained the impact of the programme had had on young people and provided case studies in appendices 1 and 2 of the report. A presentation was made to the Board which told the story of 'Peter', one of the clients of the Pilot, showing the positive effect it had made on his life. Members were advised that a review document had been developed which was attached at appendix 3.

Following Members' questions the following points were noted:

- The programme currently catered for 17 people who were distributed between 5 staff. It was noted that the social workers were not dedicated to this programme alone; it was just a part of their jobs;
- As the benefits of the NSWP were proven, one of the next steps would be to gain support for it so that it could continue. The NSWP report would be shared with the Health and Wellbeing and One Halton Boards;
- Adult Social Care was part of a housing forum that met once a month so that priority cases could be discussed;
- A named social worker would stay with and guide the young person through the process until they reached adulthood.

The Chair thanked the Officer for presenting the item and requested that an update be provided to the Board in the future.

**RESOLVED:** That the Board notes the report and comments made on a future Named Social Worker Pilot

approach with complex cases.

## HEA17 URGENT CARE CENTRES

The Board received a report which provided an update on the review of the two Urgent Care Centres (UCC's) and subsequent actions taken by NHS Halton CCG to transform these centres into Urgent Treatment Centres (UTCs), as part of the One Halton transformation of health provision in Halton. The meeting was attended by Dr Andrew Davies and Leigh Thompson from NHS Halton CCG, who presented the item.

It was reported that Urgent and Emergency Care (UEC) was one of the national service improvement priorities. In addition it was also one element of the UEC section of the NHS Five Year Forward View (FYFV) which includes the roll out of standardised new 'Urgent Treatment Centre specification.' The two UCCs in Halton were commissioned in 2015 and both providers had been delivering services based on an agreed service delivery model. It was agreed by the CCG to re-specify the services required to meet the national requirements of the proposed UTC Guidance and undertake a number of actions. These actions were explained in paragraph 3.1.1 of the report.

The report presented the case for change from the current UCC model and the proposed UTC specification. It also provided details of the interim arrangements in place from 1 October 2018 to 1 March 2019 in respect to the GP element of the Service.

Members discussed the proposals and agreed, in principle, to the changes proposed subject to the final specification being shared with the Board when it was available. It was confirmed by the NHS Halton CCG Officers that in the interim both current UCC's would have a GP service available between the hours of 12 noon and 6pm, 7 days a week.

It was agreed that another paper would come to the Board in February with an update.

**RESOLVED:** That the Board

- 1) notes the initial findings of the review;
- 2) notes the progress and timeline associated with the procurement process towards UTCs; and
- 3) notes and agrees the proposal in principle, to improve the consistency of GP cover at both sites,

rationalising the medical cover to a specified number of hours during the times of peak demand.

HEA18 BRIDGEWATER COMMUNITY HEALTHCARE  
FOUNDATION TRUST: UPDATE

The Board received an update in relation to Quality Surveillance occurring at Bridgewater Community Healthcare NHS Foundation Trust (FT), as requested following the previous presentation in June 2018. The meeting was attended by Colin Scales and Lynne Cater, from Bridgewater Community Health Care NHS FT Trust, who presented the item.

It was noted that the Board received assurance in June 2018 concerning the Quality Surveillance timeline from January 2018 through to June 2018, and were aware that NHS Halton CCG undertook both a monthly contract review meeting and a clinical quality performance meeting as part of NHS Standard Contractual requirements, alongside system surveillance.

Members were provided with a specific update in relation to the Paediatric Services at Woodview Child Development Centre, which had been taking place as part of the Quality Surveillance work.

The following additional information was noted by Members:

- There was a long wait for services; this was explained;
- Communication with parents had been difficult leading to a problem in keeping them up to date;
- A total of 143 families had now been consulted with;
- All families now had a care co-ordinator; and
- A new administration co-ordinator was now in place;

Mr Scales advised the Board that he would be happy to return with a further report in the future, to present the outcome of the CQC review.

RESOLVED: That the Board receive and note the contents of the report.

HEA19 ADULT SOCIAL CARE PERFORMANCE 2017/18

The Board received a report that presented

information on the Adult Social Care performance data for 2017-18.

It was reported that the Adult Social Care Outcomes Framework measures were developed by the Department of Health and Social Care (DHSC), the Association of Directors of Adult Social Services (ADASS), and the Local Government Association (LGA).

It was noted that the Adult Social Care Outcomes Framework (ASCOF) was used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. The key roles of the ASCOF were outlined in the report and Members were referred to the ASCOF measures in Appendix 1.

It was reported that the 2017-18 data had yet to be published, however benchmarking data was collated on a quarterly basis and utilised by NWADASS sector lead improvement board to benchmark North West authorities, Appendix 3 showed the Q4 comparison for Halton for 2017-18. Appendix 2 provided the estimated benchmark information for 2017-18 and how Halton performed in comparison with other North West Authorities.

RESOLVED: That the Board notes the report and appendices.

## HEA20 PERFORMANCE MANAGEMENT REPORTS, QUARTER 1 2018/19

The Board received the Performance Management Reports for Quarter 1 of 2018-19.

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to health in Quarter 1, which included a description of factors which were affecting the service.

The Board considered the progress and performance information provided and was happy to receive this, noting that the projected overspend in the Complex Care Pool budget was £1m. Members received assurances, particularly from NHS Halton CCG, that there would be a balanced budget on the pooled budget by the end of the financial year.

RESOLVED: That the Quarter 1 priority based performance management reports be received.

*Meeting ended at 8.15 p.m.*